

**AMENDMENT TRANSMITTAL LETTER**Docket No.
61842CIP(51035)Application No.
10/805,876-Conf. #9875Filing Date
March 22, 2004Examiner
N. S. LevyArt Unit
1615

Applicant(s): Gene Probasco et al.

Invention: PESTICIDE AND FUNGICIDE TREATMENTS MADE FROM HOP EXTRACTS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	12	- 40 =	0	x 50.00	0.00
Independent Claims	2	- 6 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					180.00
Other fee (please specify): Information Disclosure Statement					180.00
Petition for 1 Month of Extended Time					60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					420.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 420.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Dated: April 26, 2007Melissa Hunter-Ensor, Ph.D.
Attorney/Agent Reg. No.: 55,289EDWARDS ANGELL PALMER & DODGE LLP
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(617) 517-5580



Application No. (if known): 10/805,876

Attorney Docket No.: 61842CIP(51035)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 971741685 US in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on April 26, 2007
Date

Signature

Melissa Altman

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 239-0100

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Petition for 1 month of Extension (1 page)
Amendment (7 pages)
Exhibit A (2 pages)
Amendment Transmittal (1 page)
IDS (Citation) by Applicant (7 References)
Information Disclosure Statement (2 pages)
Return Receipt Postcard
Charge \$420.00 to deposit account 04-1105